## 510(k) Summary

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MAY 2 0 2010

Alan Reid PO Box 660

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Official Contact:

Alan Reid

**Proprietary or Trade Name:** 

Pediatric Enteral Feeding Tube and Accessories Pediatric Enteral Feeding Tube Extension sets

Common/Usual Name:

Feeding Tube or NG /OG Tube

Classification Name:

Tubes, Gastrointestinal (and Accessories)

Predicate Devices:

NeoDevices – K020005 - Infant Feeding Tubes NeoChild – K082710 - Infant Feeding Tube Argyle / Kendall – K820442 Feeding Tube

#### Device Description:

The proposed modification to the Pediatric Enteral Feeding Tubes and accessories is to add additional materials that the feeding tube may be made from, i.e., PVC, silicone, and polyurethane. In addition, we offer accessories: an enteral feeding extension set and syringe with non-IV connector. These may be sold with the Enteral Feeding tubes or separately. There is an option of the connectors to be provided as standard IV luer lock or a non-IV connector. In all cases the feeding tube and accessories are marked "For enteral feeding only".

The enteral feeding tubes are provided in various diameters (4, 5, 6.5, 8, 10 Fr) and various lengths. They have an integral female fitting. There are 2 eyelets near the tip of the tube. They have markings along the shaft of the tubing and an integral radiopaque line. They are provided sterile.

The Enteral extension sets are provided in various lengths and various configurations of components.

### Indications for Use:

The Pediatric Enteral Feeding tubes are intended to be placed into the stomach to permit the introduction of fluids as directed by the physician. They are intended for nasogastric or orogastric placement, limited to < 30 day placement and not intended for transpyloric placement.

The Pediatric Enteral Feeding Tube Extension sets are used to provide a connection between feeding formula bag and the feeding tube. Extensions sets are offered in non-IV fittings and IV fittings (which have been marked "For enteral feeding only").

#### **Environment of Use:**

Hospital or environments where placement of a feeding tube is required.

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| Comparison to Predicate Devices:                        |   |   |
|---|---|---|
| Attribute   | Proposed device   | Predicates  |
| Indications   | To be placed into the stomach to permit the   | To be placed into the stomach to permit the introduction of   |
| General   | introduction of fluids as directed by the physician.  | fluids as directed by the physician.<br>K020005 – Infant Feeding Tube                                 |
| Type of placement                                       | Nasogastric or orogastric<br>Not for transpyloric placement.  | Nasogastric or orogastric. Not for transpyloric placement. K020005 – Infant Feeding Tube              |
| Length of placement                                     | < 30 days   | < 30 days - K020005 - Infant Feeding Tube   |
| Intended for single patient use                         | Yes   | Yes - K020005 - Infant Feeding Tube   |
| Prescription required                                   | Yes   | Yes - K020005 - Infant Feeding Tube   |
| Intended population                                     | Neonates, Infants, Pediatrics   | Neonates / Infants / Pediatrics -K020005 Infant Feeding Tube  |
| Intended Environment of Use                             | Hospital or environments where placement of a Feeding tube is required.   | Hospital or environments where placement of a Feeding tube is required. K020005 - Infant Feeding Tube |
| Design Features   |   |   |
| Provided in various diameters                           | 4, 5, 6.5, 8, 10 Fr   | Yes -K020005 - Infant Feeding Tube (4, 5, 6.5, 8 Fr)<br>Yes - K820442 - Argyle / Kendall (10 Fr)      |
| Extension sets for use with enteral                     | Yes, made of PVC  | Yes, made of PVC  |
| feeding tubes to deliver fluids and                     | Available in various lengths  | K890396 - Multi-Med enteral feeding set   |
| connector between the feeding tube and the fluid source | Intended for use with enteral feeding tubes   | K082710 - NeoChild extension set  |
| Connector options                                       | Non-IV slip fit female connection   | IV and Non-IV   |
|   | Must be used with the specified syringe with integral mating non-IV connector Standard IV luer  | K082710 - NeoChild with non-IV connector  |
| Two (2) eyelet holes near tip                           | Yes   | Yes - K020005 - Infant Feeding Tube   |
| Radiopaque line   | Yes   | Yes - K020005 - Infant Feeding Tube   |
| Markings along the length of the tubing                 | Yes   | Yes - K020005 – Infant Feeding Tube   |
| Materials   |   |   |
| Tubing  | PVC   | K020005 - Infant Feeding Tube - PVC   |
|   | Silicone<br>Polyurethane  | K082710 - NeoChild - silicone, polyurethane   |
|   | and a command of the |   |

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| vithout extension gaths and ting n 514 g was dance to   | 3 1 30000071   |  |
|---|--|--|
| d with and without extension various lengths and ttors mance Testing under Section 514 nance testing was ned in accordance to | 3 1 00000071   |  |
| 7 7 7   | K020005 - Intant Feed<br>  K890396 - Multi-Med   | K020005 – Infant Feeding Tube<br>K890396 – Multi-Med                           |
| F   |  | K082710 - NeoChild – Infant Feeding Tube and accessories with non-IV connector |
| ting n 514 g was dance to   | K082710 - NeoC   | K082710 - NeoChild - Infant Feeding Tube and accessories                       |
| n 514 g was dance to  | with non-IV connector  | nector   |
| g was dance to  |  |  |
| g was<br>dance to   | Yes  |  |
| dance to  | g of 6% luer conical fittings  |  |
| _   | ng of non-luer conical fittings  |  |
|   | Tensile strength and properties of tubing and connectors   |  |
|   | bing and connectors  |  |
| BS EN 1618:1997 Liquid leakage test o   | Liquid leakage test of tubing and connectors   |  |
| Separation force  |  |  |
| Stress cracking   |  |  |
| Unscrewing torque of fitting assembly   | f fitting assembly   |  |
| Ease of assembly  |  |  |
| Resistance to overrid   | Resistance to overriding the threads of lugs of the fitting  |  |
| The above listed w  | The above listed norformance / bench tests were norformed and shown to demonstrate that the Enteral    | hown to demonstrate that the Enteral   |
| Feeding tube, acce  | ig tube, accessories and Enteral extensions sets either met the requirements of the industry standards | he requirements of the industry standards                                      |
| or were substantial   | or were substantially equivalent to the predicate devices.   | •  |

## **DEPARTMENT OF HEALTH & HUMAN SERVICES**



Food and Drug Administration 10903 New Hampshire Avenue Document Mail Center - WO66-G6t Silver Spring, MD 20993-0002

Mr. Alan Reid c/o Mr. Paul E. Dryden President ProMedic, Inc. 24301 Woodsage Drive BONITA SPRINGS FL 34134-2958

MAY 2 0 2010

Re: K092628

Trade/Device Name: Pediatric Enteral Feeding Tube and Accessories

Pediatric Enteral Feeding Tube and Extension sets

Regulation Number: 21 CFR §876. 5980

Regulation Name: Gastrointestinal tube and accessories

Regulatory Class: II Product Code: KNT Dated: May 12, 2010 Received: May 14, 2010

Dear Mr. Dryden:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related

adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <a href="http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm">http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm</a> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to

http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-7100 or at its Internet address <a href="http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm">http://www.fda.gov/MedicalDevices/ResourcesforYou/Industry/default.htm</a>.

Sincerely yours

lanine M. Morris

Acting Director, Division of Reproductive, Abdominal, and Radiological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure -

# **Indications for Use Statement**

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510(k) Number:

K092628

**Device Name:** 

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Prescription Use XX (Part 21 CFR 801 Subpart D)

or

Over-the-counter use \_\_\_\_\_\_(21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)

Division of Reproductive, Abdominal and

Radiological Devices

510(k) Number